

Application Number: W00 \_\_\_\_\_

Total Fees Due: \$100.00

Check # \_\_\_\_\_

Please make checks payable to:

**Treasurer, State of Maine**

**MAINE DEPARTMENT OF ENVIRONMENTAL PROTECTION  
APPLICATION FOR TRANSFER  
RESIDENTIAL & COMMERCIAL  
WASTE WATER DISCHARGE LICENSE OR CONDITIONAL PERMIT  
BUREAU OF LAND & WATER QUALITY**

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**GENERAL INSTRUCTIONS**

**NOTE:** Waste Discharge Licenses or Conditional Permits cannot be transferred until the new owner has obtained proof of title, right or interest to the subject property.

Please read the entire application form before furnishing any information. If you need assistance in filling out the form or have any questions, please contact your project manager.

It is the licensee's responsibility to renew or transfer their waste water discharge license or permit. Failure to renew or transfer the license or not submitting a timely and complete application may result in termination of the license and/or enforcement action. Applications for transfers, and renewals and transfers are available from the DEP office in Augusta.

Mail the completed original application with attachments to:

☒ **Overboard Discharge Licensing Program  
DEP  
17 State House Station  
Augusta, Maine 04333-0017**

☒ Submit one copy with attachments, to the town or city municipal office where the discharge occurs, and

**Your Project Manager**

\_\_\_\_\_  
Name

\_\_\_\_\_  
His/Her phone #

**Please retain a copy for your own records.**

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**APPLICANT AND FACILITY INFORMATION**

1. Applicant Name: \_\_\_\_\_  
(Social Security #) \_\_\_\_\_
2. Mailing Address: \_\_\_\_\_  
(street & number) \_\_\_\_\_  
\_\_\_\_\_  
(Town/City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip) \_\_\_\_\_  
\_\_\_\_\_  
(work telephone) \_\_\_\_\_ (home telephone) \_\_\_\_\_ (Fax number) \_\_\_\_\_  
\_\_\_\_\_  
(e-mail address) \_\_\_\_\_
3. Facility Description: \_\_\_\_\_ gallons per day residential overboard discharge.
4. Facility Address: \_\_\_\_\_  
(street & number) \_\_\_\_\_  
\_\_\_\_\_  
(Town/City) \_\_\_\_\_ (County) \_\_\_\_\_ (Zip) \_\_\_\_\_  
\_\_\_\_\_  
(Telephone) \_\_\_\_\_ Local Tax Map # \_\_\_\_\_ Lot # \_\_\_\_\_
5. Name of Receiving Water: \_\_\_\_\_ Class \_\_\_\_\_
6. Name of Current License Holder: (transfers only) \_\_\_\_\_

6. How many bedrooms are served by the system: \_\_\_\_\_
7. If the system is a mechanical treatment plant, have you contracted with a licensed service contractor to perform the maintenance of the system? Yes\_\_\_\_\_ No\_\_\_\_\_
8. Do you have the technical and financial capability to comply with all the conditions of the effective license/permit? Yes\_\_\_\_\_ No\_\_\_\_\_

*Note: If the facility is used seasonally, year-round use may be resumed only if the facility was used on a year-round basis prior to June 1, 1987. Facilities with seasonal licenses or permits or facilities that were only used seasonally prior to June 1, 1987 can not be converted to year round use.*

### APPLICANT AFFIRMATION

I (the applicant) certify under penalty of law that I have personally examined and am familiar with the information submitted in this document and all attachments thereto and that, based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the information is true, accurate, and complete. I authorize the Department to enter the property that is subject to this application, at reasonable hours, including buildings, structures or conveyances of the property to determine the accuracy of any information provided herein. I am aware there are significant penalties for submitting false information, including the possibility of fine and imprisonment. I am familiar with and understand the statutory requirements of Title 38 MRSA Chapter 3, Sections 413 and 414 as amended, Protection and Improvement of Waters and the Water Classification Program.

_____ Signature	_____ Date
_____ Print name and title of applicant	

If signature is other than that of the applicant, attach letter of agent authorization signed by applicant.

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Please include supplemental materials indicated by a check (√) below.

- \_\_\_ Application Fees: specified on the top of page 1, please make check payable to Treasurer State of Maine.
- \_\_\_ Geographic Site Map: Please note the location of the property served by the overboard discharge on the enclosed map as accurately as possible.
- \_\_\_ Municipal Tax Map: Please submit a copy of a tax map from the Town Office in the town or city where your waste discharge occurs. The tax map should identify the map and lot number of your property and the location of the house and treatment system.
- \_\_\_ Proof of Title, Right or Interest: Submit evidence of ownership in the property on which the overboard discharge system is located. A copy of the deed is preferable.
- \_\_\_ Property Easements: If any part of your overboard discharge system, including the discharge pipe, is located on property owned or controlled by another party, submit a copy of the easement granting the rights to use that property.
- \_\_\_ Current Copy of Service Contract: If you have a mechanical overboard discharge system, submit a copy of the current service contract.